

**MICHIGAN DEPARTMENT OF AGRICULTURE
PRODUCER SECURITY SERVICES SECTION
PO BOX 30017
LANSING MI 48909**

DEPARTMENT USE ONLY

LICENSE #: _____

DATE MAILED: _____

GRAIN MERCHANDISER LICENSE APPLICATION

(In accordance with Act No. 141, Public Acts of 1939, as amended)

				1 NAME UNDER WHICH BUSINESS WILL OPERATE			
				2 STORAGE FACILITY STREET ADDRESS			
				3 CITY		STATE	ZIP CODE
4 COUNTY			5 BUSINESS TELEPHONE NUMBER				
6 MAILING ADDRESS (IF DIFFERENT FROM BUSINESS LOCATION)							
STREET ADDRESS			CITY		STATE	ZIP CODE	
7 TYPE OF OWNERSHIP (Complete One)							
INDIVIDUAL PROPRIETORSHIP			COOPERATIVE ORGANIZATION or ASSOCIATION				
OWNER'S NAME			BOARD OF DIRECTORS PRESIDENT'S NAME				
OWNER'S HOME ADDRESS			PRESIDENT'S ADDRESS				
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
PARTNERSHIP			CORPORATION				
NAME OF PARTNER			NAME OF CORPORATION				
HOME ADDRESS			MICHIGAN RESIDENT AGENT'S NAME				
CITY	STATE	ZIP CODE	OFFICE ADDRESS				
NAME OF PARTNER			CITY	STATE	ZIP CODE		
HOME ADDRESS			PRESIDENT'S NAME	STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
8 OUT-OF-STATE ENTITIES							
MICHIGAN RESIDENT AGENT'S NAME			CITY	STATE	ZIP CODE		
9 BUSHEL CAPACITY			10 LICENSE FEE				
Grain Merchandiser			\$450.00				
			MAKE CHECK PAYABLE TO: STATE OF MICHIGAN				

NOTE: A financial statement must accompany this application. The financial statement must be at least a review in nature, be prepared by a Certified Public Accountant (CPA,) and the accountant must abide by generally accepted accounting principles. The financial statement shall consist of no less than a balance sheet, income statement, and notes and disclosures to adequately interpret the financial information submitted.

(OVER)

11 GRAIN TRANSACTIONS: (Check Those Applicable) (Submit One Sample of Each Form)

Issuing Price Later Agreements	Open Storage
Issuing Negotiable or Non-Negotiable Warehouse Receipts	Cash
Issuing Grain Bank Warehouse Receipts	Selling Grain of My Own Production
Forward or Basis Contracting	Other (specify) _____

12 BUSHEL OF FARM PRODUCE HANDLED:

TOTAL BUSHEL OF FARM PRODUCE HANDLED FROM PRODUCER(S) DURING THE GRAIN DEALER'S MOST RECENT COMPLETED FISCAL YEAR:

13 BOND INFORMATION: BEFORE COMPLETING THIS SECTION, SEE BONDING PROVISIONS ON ENCLOSURE

BOND NUMBER			AMOUNT OF BOND		
			\$100,000		
BONDING COMPANY NAME			NAME OF BONDING COMPANY AGENT		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

14 INSURANCE INFORMATION:

INSURANCE COMPANY NAME			INSURANCE COMPANY AGENT NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
INSURANCE POLICY NUMBER		TYPE OF POLICY		LIMITS OF INSURANCE ON FARM PRODUCE	
		<input type="checkbox"/> AUTOMATIC STOCKS <input type="checkbox"/> OTHER <input type="checkbox"/> _____		LIMITS OF INSURANCE ON FARM PRODUCE STOCKS \$ _____	
				FIRE, INHERENT EXPLOSION AND TORNADO	

15 OWNERSHIP:

NAME AND OWNERSHIP INTEREST OF EACH OWNER, STOCKHOLDER, MEMBER, OR PARTNER OF THE GRAIN DEALER WHO OWNS AT LEAST 5 PERCENT OF THE SHARES (attach additional sheet, if necessary).

1. _____ %	4. _____ %
2. _____ %	5. _____ %
3. _____ %	6. _____ %

16 OFFICIAL IN CHARGE:

I HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF ACT NO. 141 OF THE PUBLIC ACTS OF 1939, AS AMENDED, AND THE RULES ISSUED IN ACCORDANCE THEREWITH, AND FURTHER THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I ACKNOWLEDGE THAT NONE OF THE EVENTS REFERRED TO IN SECTION 10 OF THE GRAIN DEALERS ACT HAVE OCCURRED WITHIN THE PAST 5 YEARS.

Signature of Official in Charge_____
Title**17 NOTARY:**

Before me this date the above signed individual personally appeared, who states that he/she understands the provisions of Act No. 141 P.A. 1939 as amended, State of Michigan.

Subscribed and sworn to before me this _____ day of _____ 20_____.

Signature

Notary Public _____ My Commission Expires _____